MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY 'BREATH ALCOHOL PROGRAM

DATAMASTER MAINTENANCE REPORT

REPORT #6

Complete this report at the time of the Complete this report whenever the in Retain the original and send a copy v	strument is serviced or repaired	and whenever it is	placed into service.	
DATAMASTER SN NAME OF AG			DATE OF INSPECTION 02/28/2014	
LOCATION OF INSTRUMENT (STREET AND CITY) Brookfield Police Department, 116 W. Brooks, Brookfield, MO			TIME OF INSPECTION 12:04 pm	
CHECKLIST: Place a mark in the box				its. (Write in observed values
where determined.) Unmarked items	must be corrected before using	instrument.		
DIAGNOSTIC CHECK (PRINTO	UT ATTACHED)	DATE AND TIME	(from printout) 02/28/1	14 1204
☑ COMPUTER		DETECTOR		
☑ PROGRAM		☑ FILTERS		
HEATERS SAMPLE CHAMBI	≣R <u>50</u> °C	QUARTZ STA	NDARD	
☑ FLOW DETECTOR		☑ CALIBRATION		
☑ PUMP HIGH SPEED		PRINTER	, mm/A, L, L, L, L	***************************************
☑ INDICATOR LIGHTS				
SIMULATOR SOLUTION SUPPL	ER RepCo Marketing Inc.	LOT#_1	3001 EXP.	DATE 03/07/2015
SIMULATOR TEMP (34°C ± 0.2°C	C)34°C SIN	MULATOR SN	G 6815 EXP.	DATE 04/03/2014
CALIBRATION CHECK - (ONLY C	ONE STANDARD IS TO BE US	ED PER MAINTEN	ANCE REPORT)	7.011.01.01.01.01.01
Run three tests using a standard				st have a spread of .005 or
less. Mark the box corresponding	to the standard solution being u	sed. (PRINTOUT A	TTACHED)	,
0.100% STANDARD - MUST R 0.080% STANDARD - MUST R	EAD BETWEEN 0.095% AND (0.105% INCLUSIVE	<u>.</u>	
	EAD BETWEEN 0.038% AND (
TEST 1 ☞ .097	TEST 2 ♥ .098		TEST 3 🖛 .098	
PERFORM R.F.I. TEST (PRINTOL	JT ATTACHED)			
INDICATE THE NUMBER OF BREAT	H TESTS IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTENA	ANCE REPORT:
(DO NOT INCLUDE SELF-ADMINIST	ERED TESTS)			
REFUSALS 0 (004) 0		.1014) 0	(.1519) 0	OVER .19 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATI (USE OTHER SIDE IF NECESSARY),	ON OR MODIFICATION THAT WAS MADE TO	RESTORE THE INSTRUME	NT TO OPERATE SATISFACTOR	ILY AND WITHIN ESTABLISHED LIMITS
Meets Department of Health Stand	dards			
				and the state of t
INSPECTING OFFICER				
SIGNATURE 2 2 2 2		PRINT FULL NAI		
TYPE II PERMIT NUMBER/EXPIRATION DATE	<u> </u>	Lane P. C		
240025 / 01-28-16		(660) 385		
RETURN COMPLETED REPORT TO THE:	Breath Alcohol Program, MC 2875 James Blvd.	Department of He	alth and Senior Service	es, Southeast District Office
	Poplar Bluff, MO 63901			,

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc. LOT NUMBER: 13001 EXPIRATION DATE: March 7, 2015 at 11:59 p.m.
RepCo Marketing, Inc. certifies the following:
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number
13001 of Alcohol Certified Solution for simulators. Random samples of said lot
number were analyzed by an independent laboratory utilizing a gas chromatograph
and found to contain gms/dl +/003 gms/dl wt/vol ethanol (95%
Confidence).
The alcohol and distilled water used in the solution were found to be free of
any interferring substance.
This solution will produce a vapor alcohol value of100 +/-3% gms/210L
Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator
(95% Confidence).
The date of manufacture for this lot number is March 8, 2013
The expiration date for this lot number is March 7, 2015 at
11:59 p.m.
This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President RepCo Marketing, Inc.

Form RM 02



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II

LANE P QUINN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

577.020 through 577.041, HSIMO and 306.111 through 3	U6.119 HSMO.		
DATE1/28/2014	wind		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 240025	Dal Vasterly		
EXPIRES 1/28/2016	J		
'80-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB 4 (R6-10)		
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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol Instrument for the determination of the alcoholic content in breath form of expired al



Operator QUINN, LANE Permit No 240025

Date Issued 1/28/2014

Date Expires 1/28/2016

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BAC DataMasterEvidence Ticket

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BAC DataMaster- Evidence Ticket

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REBULL OFFERENCE.

Operator Signature TR. 2.P. Quan

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

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Operator Signature...

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